TEMPE POLICE DEPARTMENT

CITIZENS MAIL-IN REPORT FORM (SUPPLEMENTAL INFORMATION)

THE INVESTIGATING OFFICER HAS PLACED YOUR REPORT NUMBER IN THE SPACE PROVIDED

REPORT NUMBER →	←	REPORT NUMBER

REFER TO THIS NUMBER IN ALL FUTURE INQUIRIES AND CORRESPONDENCE.

INSTRUCTIONS

- 1 Use black ink.
- 2. Complete the lower portion of this page.
- On the reverse side, list the additional items taken, using as complete of a description as possible. Please PRINT or TYPE all the information which is requested. DO NOT USE ABBREVIATIONS.
- 4. Once completed, insert this form in an envelope (with correct postage affixed) and mail to:

TEMPE POLICE DEPARTMENT
Records Section
120 East Fifth Street
Tempe, AZ 85281

- 5. If you prefer, you may personally deliver this report to the Records Section of the Police Department at the above referenced address.
- 6. Should you have any questions about this form, call 480-350-8304 or 480-350-8598
- 7. You will NOT be contacted by the Tempe Police Department unless an arrest is made, property is recovered, or additional information about the case is received.

Today's Date:	Home Phone No.:	Work Phone No.:
•		
Type of Report (Check One):		
SIGN YOUR NAME HERE:		

ITEM		BRAND NAME
ITEM DESCRIPTION		
SERIAL NUMBER	NO APPLIED BY OWNER	
MODEL NUMBER	VALUE OF ITEM	
ІТЕМ		BRAND NAME
ITEM DESCRIPTION		· ·
SERIAL NUMBER	NO. APPLIED BY OWNER	
MODEL NUMBER	VALUE OF ITEM	•
ITEM		BRAND NAME
ITEM DESCRIPTION		
SERIAL NUMBER	NO. APPLIED BY OWNER	
MODEL NUMBER	VALUE OF ITEM	
ÌТЕМ		BRAND NAME
ITEM DESCRIPTION		
SERIAL NUMBER	NO, APPLIED BY OWNER	
MODEL NUMBER	VALUE OF ITEM	
пем		BRAND NAME
ITEM DESCRIPTION		<u> </u>
SERIAL NUMBER	NO. APPLIED BY OWNER	
MODEL NUMBER	VALUE OF ITEMI	
пем		BRAND NAME
ITEM DESCRIPTION	2	
SERIAL NUMBER	NO, APPLIED BY OWNER	
MODEL NUMBER	OF ITEM	
пем		BRAND NAME
ITEM DESCRIPTION	and a superior of the superior	
SERIAL NUMBER	NO. APPLIED BY OWNER	
MODEL NUMBER	OF ITEM	
пем		BRAND NAME
ITEM DESCRIPTION		
SERIAL NUMBER	NO. APPLIED BY OWNER	
MODEL NUMBER	VALUE OF ITEM	

TEMPE POLICE DEPARTMENT WITNESS STATEMENT



I.R. #:				
PLEASE DESCRIBE IN YOUR OWN WORDS THE FOLLOWING INFORMATION:				
When did this happen? happened? Do you wan	Where did it happen? nt the person(s) arrested?	Who was involved? And, will you testify	And, what in court if needed?	
			<u> </u>	
Your signature		Date:		